A 50-year-old woman presented with severe chronic postprandial back pain. Upper endoscopy demonstrated that the diverticulum was located at the inferior duodenal angle without signs of ulceration or inflammation (Picture 1). Computed tomography showed no definite abnormalities, except for those observed in the diverticulum (Picture 2). Based on the symptoms, distention of the diverticulum was presumed to be the cause of her pain. Moreover, the pain was reproducibly induced by injecting Gastrografin into the diverticular cavity (Picture 3) and immediately alleviated by
suctioning it. Duodenal diverticulectomy was performed. A histological examination revealed that the wall of the diverticulum contained mucosal, muscular, and serosal layers, consistent with the congenital true diverticulum of the duodenum (Picture 4). The pain ceased completely after surgery. Duodenal diverticula are mostly false diverticula, and true diverticula are rare (1, 2). In our case, the injection of Gastrografin was useful for determining whether duodenal diverticulum was the cause of her pain.

We obtained informed consent from the patient.

The authors state that they have no Conflict of Interest (COI).

References


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